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This paper presents an overview of the conceptions of shyness that have guided our initial empirical study of the causes, correlates and consequences of this pervasive and significant personal and social problem.

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The Silent Prison of Shyness

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Stanford University

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November, 1974

What other dungeon is so dark
as one's own heart!
What jailer so inexorable as
one's self?

Nathaniel Hawthorne

Do you consider yourself to be a shy person? Have you always been shy? How did you reach that conclusion and what evidence could convince you otherwise? Can you say that you like being shy? What consequences does shyness have for you? And what, if anything, can be done to alter the experience of shyness?

"Shyness" means different things to different people; for some it is the reserved manner of the introvert, for others it connotes modesty and diffidence. It can shade from bashfulness through timidity to a chronic fear of people. Shyness is an attribute which spans a wide behavioral-emotional continuum--at one end of the scale are those people who elect a shy demeanor because they feel more comfortable with things, ideas, projects, nature or books than they do with other people. They are not particularly apprehensive about being with people or joining the crowd when necessary--they would simply rather be alone.

The middle ground of shyness consists of those people whose lack of self-confidence, inadequate social skills and easily triggered embarrassment produce a reluctance to approach people or enter situations where they can not readily shrink from the notice of others. This form of shyness is typified by the awkward, socially inept adolescent who can not ask for a date, a favor, or better service.

But at the other extreme, shyness becomes a form of imprisonment, in which the person plays both the role of guard who constantly enforces restrictive rules and the role of prisoner who sheepishly follows them (and is thus not respected by the guard). The guard knows the prisoner both wants to engage in the given behavior and usually knows how to do so; consequently, it is neither a question of lack of motivation nor lack of ability. The issue is one of imposing rules which limit the prisoner's freedom to act spontaneously. This may minimize the possibility of unpredictable reactions from others, reactions that are potential sources of danger to one's self-esteem, but only at great cost to the individual.

Under some conditions what was originally just gauche behavior may develop into a pathology of total withdrawal from all social contacts and a life of excruciating loneliness. Isolation from people is both a significant contributor to and consequence of many forms of severe psychopathology:

> Be alone by yourself,
> with no one with you,
> Having no one liking you.
> Liking someone, but not
> getting it returned.
> Not knowing why someone hates you
> and calls you names.
>
> (young girl institutionalized in Vermont)

"I remember as far back as 4 years old, some of the stuff I used to do to avoid seeing people that came to visit us. They

were people I knew, like cousins, aunts, uncles, friends of the family, and even my brothers and sister. I hid in clothes baskets, hampers, closets, in sleeping bags, under beds and there's probably an endless list, all because I was scared of people.

"As I grew up, things got worse . . . "

(17 year old high school student)

"I am lonely beyond belief. I live in complete solitude without a friend in the world, neither male nor female . . . I spend the holidays in complete solitude. It is a period of great sadness & depression for me & I dread each approaching holiday more & more, because of the intensification of my loneliness at a time when most people are in the company of friends & relatives . . . I often think of ending my life but I lack the guts to go through with it. . . . "

(50 year old radio talk-show listener)

Shyness quietly intrudes upon the lives of many people who can not "stand up and be counted," who do not speak up for their rights, never become leaders even when they might be the most qualified to do so. Students have told us that shyness can become so incapacitating that because of it they have lost dates, jobs, higher grades in discussion classes, and in one case even the high school valedictorian prize--for refusal to give the graduation speech. We were thus surprised to discover that social scientists have generally shied away from systematic investigation of this interesting phenomenon, with all of its rich and varied personal and social connotations.

Among the few exceptions are personality trait theorists, Raymond Cattell and Andrew Comrey, who have used questionnaire responses to measure individual differences in the "inherent" trait of shyness. Hans Eysenck has subsumed shyness under his studies of introverted and extroverted personality types. But not all shy people are introverted, nor do all extroverts consider themselves not to be shy. For Cattell, shyness is one of the popular names used to describe the threctic temperament which he believes arises from a sympathetic nervous system that is overly susceptible to threat and conflict. Threctic people (like Emily Dickinson) represent one pole on a continuum that is bounded at the opposite extreme by parmia types, stout-hearted, bold, brash, socially aggressive salespersons, competitive athletes and group therapists--the Teddy Roosevelts, Winston Churchills and Andrew Jacksons of the world. Curiously, Cattell argues that this trait: (a) is substantially determined by heredity; (b) has not been shown to be modifiable by environmental events; and yet (c) declines steadily with age, "that is, shyness of an excessive kind tends naturally to cure itself" (1965, p. 97). We will have more to say later about the assumptions and implications of such traditional views about shyness.

Some scant attention has also been directed toward shyness by speech pathologists who see it as a causal factor in stuttering and other non-normal speech. In addition, some behavior modifiers have attempted to extend to the average shy person assertion training programs now being developed for the non-assertive woman. But overall, our search of the literature failed to uncover any program of research

directed toward fully investigating the origins, dynamics and correlates of shyness. It has therefore become our task to study the causation, development, phenomenology, behavioral dimensions, and cross-cultural nature of shyness.

We have begun a long term, multi-method, multi-response investigation into all aspects of shyness that is supported by seed funds from the Group Effectiveness Program of the Office of Naval Research, and the Boy's Town Center for the Study of Youth Development at Stanford University. We will report here on some initial results from extensive questionnaire studies and intensive interviews with over a thousand college and high school students in this country. In addition, we have uncovered some provocative leads from several cross-cultural samples. From the perspective of our Japanese respondents, we discover there are many virtues to be found in the person of shy sensibilities. While touching on the critical question of the modifiability of shyness and therapies that might be recommended for shy individuals, we will report on the possibility that there are now no shy children on mainland China--a striking example of personal therapy via cultural revolution.

The Stanford Shyness Survey

An exploratory questionnaire was developed by the authors in conjunction with a group of Stanford University students who were concerned enough about shyness to start a shyness seminar. Together we sampled the experiences, opinions and beliefs of nearly 400 undergraduates regarding various aspects of shyness. This first instrument was subsequently refined and extended, and the final Stanford Shyness Survey was administered to over 800 students at Stanford, the University

of California at Berkeley and Palo Alto High School.

In addition to the usual kinds of demographic information, the survey covered the following areas: (a) self-reports of shyness, including the willingness to label oneself as dispositionally, chronically shy or merely as temporarily shy in situationally specific contexts; judgments of one's shyness relative to peers; (b) estimates of the prevalence of shyness in the general population and of its desirability; (c) elicitors of shyness among people and situations often encountered; (d) perceived correlates of shyness, including physiological reactions, behavioral manifestations, cognitive concomitants (thoughts and sensations), and the specific positive and negative consequences associated with being shy.

The sample consists of bright, young, college-aged students (mean of 20 years), unmarried, largely Caucasian (75 percent), mostly native born (91 percent), representing both sexes equally and all major religious denominations (with the largest group however, 37 percent, professing no religion).

Our most basic finding concerns the prevalence of shyness, and in both the preliminary survey and the final one, over 40 percent of the respondents label themselves as presently shy. A startling 82 percent describe themselves as having been dispositionally shy at some time during their lives. That is, on our survey they are willing to label themselves as "shy persons," either past, present or always. Only 18 percent report never labeling themselves as shy, and of these, 17 percent acknowledge reacting with shyness symptoms in certain contexts; therefore, these latter individuals comprise our situationally shy subgroup. Only 1 percent of the entire sample--8 people out of 817--report themselves as never, ever having experienced shyness.

There is some evidence for the stability of this characteristic over time since a quarter of the subjects report having been shy for most of their lives. However, there is also evidence for shifts into and out of the shyness category. Forty-one percent of the total sample say they used to be shy when they were younger, but are not now. In contrast stands the 16 percent of this student sample who have not been previously shy, but now feel that they have become so.

When forced to consider their decision to call themselves "shy persons" in light of the frequency of their shyness reactions, most respondents (62%) report being shy only occasionally, but think of those occasions as being sufficiently important to justify the "shy" label. About a third of the sample has a sense of being shy in more situations they face than not; that is, more than half the time they feel shy. And then there are your truly shy people, the 3.6 percent who said they are shy all the time, in all situations with virtually everybody!

Contrary to popular stereotypes, women are no more shy than men, nor did we find differences in shyness frequencies across racial subgroups. However, religious affiliation does make a difference, as only 24 percent of our 121 Jewish students report themselves to be shy, a proportion about half that of most other subgroups. We hope to explore the bases for this cultural-religious difference more fully in future research, if the effect is replicated with larger samples.

"Shy she was and I thought her cold"--Alfred Tennyson

"Shyness" may be a trait-label: "I am a shy person"; it may be a state ascription: "I feel shy"; or it can function as a response description: "Strangers make me act shyly." The entity being so tagged

may be ourselves or others, and we may be the observer, the observed, or both. We use the concept of shyness (and similar psychological terms) in short-hand, summary statements which appear to give coherence to a variety of discrete prior observations we have made of ourselves or others. But we also employ it as a predictor of future behavior, and as an explanatory construct to account for current reactions. The multiple usage of the term, coupled with the lack of unambiguous criteria for its presence or absence allows considerable latitude for biased judgments.

For example, when asked to estimate the prevalence of shyness in the general population, the average guess of the non-shy respondents is 42 percent, which is identical to our reported frequency of shyness. But on these judgments (which range all the way from zero prevalence of shyness to estimates of a world where virtually everyone is thought to be shy), the self-reported shy subjects significantly overestimate the prevalence of shyness in the general population. When asked to compare the extent of their shyness relative to peers of the same age and sex, the most typical response of the non-shy subjects is that they are "average"; in contrast, the typical shy subject perceives him or herself as "more shy" than peers.

Despite their estimates about the prevalence of shyness in the population and the extent of their own shyness, shy people tend to believe that their shyness is not detected by most others. Of all the presently shy subjects, only 55 percent assume their acquaintances consider them to be shy, and an even smaller percentage (39%) believe that their friends consider them shy. (Of course, this may mean that

they do indeed act less shyly with friends than acquaintances, or perhaps that they are better at concealing their shyness from their friends.) We are currently exploring the validity of these interpersonal inferences through interviews of friends and acquaintances of selected subjects.

Under conditions of uncertainty, the multi-dimensional nature of shyness can also encourage misattributions. The opportunity for misperceiving the basis of shyness-induced reactions is made painfully evident in the reports of several shy subjects who were quite attractive physically. Other people judge them to be aloof, condescending, bored or hostile when they do not interact socially since it is obvious that "they have everything going for them" and could make positive contact if they chose to. Similarly, the shy person is also sometimes misjudged as being unmotivated, disinterested, ignorant, and emotionally "cold."

On the other hand, shyness can often serve as a convenient excuse for avoiding challenges, unpredictable situations or people and the possibility of rejection by others. In addition, it may be more tolerable to call oneself "shy" than to acknowledge feelings of being unwanted, unloved, ugly, different, uninteresting, lonely, or neurotic. To choose to label oneself "shy" is a decision which initially may have fewer negative implications than allowing oneself to be described in even less flattering terms by others. It is also possible to imagine shyness as a kind of ingratiation or self-presentation strategy. By asserting "I am shy," a person may be passively acknowledging social uneasiness, attempting to disarm potentially negative evaluations, avoiding personal responsibility for failure in social encounters, and forcing others to

take the initiative in interactions. However, over time, most shy people turn out to be rather unhappy with their shyness and the chronic, apparently unmodifiable state it comes to represent.

Of those currently shy, three-fourths state they do not like being shy, and this figure soars to over 90 percent among those who used to be shy but no longer are. But more than merely not liking their shyness or finding it "undesirable," the majority of those who are in our dispositionally shy category consider their shyness a personal "problem." The most frequently reported negative consequences of shyness are that it:

1. creates social problems, making it difficult to meet new people, make new friends, or enjoy potentially good experiences;

2. has negative emotional correlates, such as feelings of depression, isolation and loneliness;

3. makes it difficult to be appropriately assertive or to express opinions and values;

4. limits positive evaluations by others of one's personal assets;

5. allows incorrect social evaluations to be made and persist unchallenged; for example, one may unjustly be seen as snobbish, unfriendly, bored, or weak;

6. creates difficulties in thinking clearly and communicating effectively when with others;

7. encourages self-consciousness and an excessive preoccupation with one's reactions.

So extreme are these negative consequences that in our initial survey more than half of the shy subjects declare that they could use therapeutic help for their problem and would go to a "shyness clinic" if one existed.

The Egocentric Predicament

"There I was sitting all alone on the side while everyone else was having a good time dancing together. I just knew they were all noticing me and feeling sorry for me. I kept looking down at my shoes the whole evening until the awful dance ended."

(A shy high school girl)

The preoccupation of the shy person with him or herself appears to stem from overindulging the normal feedback processes of self-monitoring and social evaluation. We behave in certain ways in given situations. We observe our behavior, its instigation, form, concurrent reactions, and consequences. We also observe the reactions of others toward our behavior under specified environmental circumstances. Without the continuous, almost automatic operation of such dual feedback we could not effectively carry out complex, coordinated behaviors or act in ways that are coherent, stable, predictable and appropriate. Earlier research in our laboratory, and those of other colleagues, documents how behavior may become 'liberated' from its usual constraints (and become spontaneous, impulsive, intense, self-reinforcing) when the self-monitoring, social evaluation feedback operations are diminished by manipulating perceived anonymity, responsibility, group size, sensory overload or temporal perspective. The resulting de-individuated behavior stands in stark opposition to the overly individuated sensitivity of the shy person.

"You're shy too? I never would have guessed!"

We all live in both public and private worlds. Sometimes the two are compatible, as happens when we say what we mean, we mean what

we say, we do what we want, we follow the dictates of conscience, and so forth. Not so for the shy individual, however. The public behavior of such a person is best characterized by its absence, while the private world may be seething with intense thoughts, feelings, and physiological reactions. On checklists of overt behaviors (developed from open-ended descriptions in our initial survey), the following portrait of the shy person emerges in terms of the frequency of the reported occurrence of each item: silence (80%), lack of eye contact (51%), avoidance of others (44%), avoidance of taking action (42%) and low speaking voice (40%). These percentages represent the proportion of presently shy respondents who indicate that a given item is personally applicable as a correlate of shyness.

While all this non-behavior is going on externally, the inner world of shyness is filled with: self-consciousness (85%), concern for impression management (67%), concern for social evaluation (63%), negative self-evaluation (59%), thoughts about the unpleasantness of the situation (56%), thoughts about shyness in general (46%), and forms of cognitive distraction aimed at averting all of the above (27%). The dominant physiological reactions reported are: increased pulse (54%), blushing (53%), perspiration (49%), butterflies in one's stomach (48%) and a pounding heart (48%).

Assume you don't take action or speak out when it is appropriate to do so, while simultaneously you monitor some or all of these cognitive, affective and physiological reactions. Inescapable inference: "I am shy." If in that same situation another person does talk or act, you judge him or her not to be shy. Suppose, on the other hand, you are embroiled in your private experience of shyness, feeling the full force

of your arousal, but finally decide to go ahead to take the action because the costs of not doing so are too high. What do you infer about your disposition from your act? Again you conclude that you are shy despite your public behavior because you have access to the realm of private events only you know are taking place in your head and gut.

If we now ask the basic question, which of the correlates differentiate between those people who are presently "shy persons" and those presently not shy, the surprising answer is that very few of them do. There is general agreement among both subgroups as to what they are experiencing when they are in shyness eliciting situations. Only slightly more of the shy than non-shy people notice their heart pounding, but none of the other arousal cues distinguishes between the two groups. The only cognitive concomitant (other than general thoughts about shyness) which is experienced more by the shy than the non-shy is negative self-evaluation. When it comes to overt behaviors, only avoidance of others is more typical of the shy group.

The general agreement among shy and non-shy people about the experienced correlates of shyness extends as well to its eliciting conditions. These conditions, including both the kinds of situations and types of people that elicit shyness, are listed in the table. The rank order correlation (gamma coefficient) between the shy and non-shy groups on the relative importance of each of the person-elicitors was .90, nearly perfect agreement. Shy people react somewhat more strongly than their counterparts only to strangers, members of the opposite sex in one-to-one interactions and to others of either sex in small social groups. There is also a high correlation (.56) between shy and

non-shy rankings of the power of different situations to elicit shyness. The presently shy subjects were more willing to endorse as shyness elicitors social situations in general, new situations, large groups and small social groups where they are the focus of attention.

Insert table about here

We may conclude that both the reactions and shyness elicitors reported by shy people differ from those mentioned by people who do not label themselves as shy, not so much in qualitative features but rather in quantitative amount. There is a clear tendency for the shy to report experiencing more of everything, but not different kinds of things. More types of situations and a wider variety of people are capable of generating shyness, and there are more cognitive, emotional, and behavioral manifestations of shyness among those who label themselves shy.

The self-attribution of shyness appears to be a result then, not of different elicitors and correlates, but rather of more frequent and compounded ones. Of course, at some point, more numerous elicitors and reactions may combine to produce a qualitatively different kind of experience. Having made that qualification though, we would still maintain that the worlds of shy and non-shy people are, by and large, similar in terms of what triggers shyness and in both the public behaviors and private events that follow. A crucial difference we suggest lies not in "objectively" different experiences, but rather in the attribution of the locus of causality for shyness. For dispositionally shy people, shyness resides within themselves. It is a trait

carried across situations, capable of producing idiosyncratic reactions, and their responses to given situations consequently tell them something about themselves. In contrast, the non-shy perceive external events as instigating temporary, discrete reactions which usually are situationally appropriate and normal. Thus having to give a speech can provide confirmation of one's shyness, or it can be simply an unpleasant event that gets one uptight--depending on whether one's reactions to it are perceived as providing information about the ego or the environment.

For whatever reason some people come to label themselves as shy, they seem to react in ways that subsequently confirm and maintain the validity of their labeling process. They come to act more like personality trait theorists than empiricists. Not content to describe specific environment-response associations they observe, shy people apparently interpolate a generalized construct of shyness between inputs and outputs. Thus any one of many situations or people can sensitize them to the existence of this "trait" and serve as a signal to monitor the personal correlates of the trait. Or the reverse may occur, as any one of many arousal reactions or failures to respond may heighten awareness of the shyness trait, which is then associated with the surrounding circumstances.

Oriental Inscrutability or Shyness?

Preliminary cross-cultural comparisons of self-reported shyness among Orientals in our California sample, a University of Hawaii sample (collected by Dr. Karl Minke) and a University of Tokyo sample (collected by Dr. Giyoo Hatano) reveal several interesting trends.

Within the Japanese national sample of 111 students, nearly two-thirds consider themselves to be shy. Among the 182 Oriental students surveyed in Hawaii, 48 percent report themselves as shy. This is identical to the frequency of shyness among the 123 Oriental respondents in California. However, the difference between Orientals and Caucasians in the California sample is slight and nonsignificant, while in the Hawaii sample it is more substantial, since only 31 percent of the Caucasians there consider themselves shy.

While the majority of Japanese students do not like being shy, they spontaneously mention positive consequences of shyness, most of which are absent in the accounts of subgroups from our other samples. The importance of how one defines and interprets his or her own shyness becomes apparent when we compare these positive outcomes with the negative consequences described earlier. Shyness, for the Japanese, may create a modest, appealing impression. It can make one appear discrete and introspective, and it can encourage desired interpersonal relationships by not intimidating others, or causing one to appear aggressive or obnoxious. And the shy person is often valued as a good listener.

Therapy for the Shy: Shyness Clinics or Cultural Revolution?

Admittedly we are only at the start of our study of shyness which is now being expanded to include both older and younger, non-college samples, in-depth interviews, direct behavioral observations of shy and non-shy people in stressful and non-stressful situations, and explorations of the development of shyness. Although our knowledge is limited, the demand to provide some help for those who are desperately

and incapacitatingly shy is pressing. We reject Cattell's assertions about the genetic determination of shyness and its natural "cure" over time as being without valid empirical foundation.

Shyness viewed as an individual problem, varying in pathological significance from minor to extreme, can be treated in several ways. Guidance, modelling and practice in appropriate social skills which may be lacking or inadequately developed are certainly called for. So too, are assertiveness training programs which can be of value in providing strategies for overcoming feared social encounters and restoring self-confidence. Finally, the simple act of disseminating information about the prevalence and nature of shyness may have therapeutic value. Our students in the shyness seminars at Stanford were greatly relieved to discover that they were not unique in their shyness and, in fact, were statistically quite common and "normal" in being shy. They were helped by the awareness that shyness is primarily a self-imposed label that is over-inclusive, often misapplied and of little functional value.

Shyness appears to be attenuated when one can "step out" of one's usual identity through role-playing, total absorption in a specific task, objective analysis of the external elicitors of shyness (which stresses their situational specificity), and empirical reporting of discrete symptoms. (Incidentally, the same strategy may also be of value in undercutting other negative labels such as "neurotic," "mad," "deviant," etc.).

Our students are eager to set up a "shyness clinic" as a place where shy people could talk by phone or in person to others who are or once were shy--sort of a "shy persons anonymous." Such a clinic could dispense information of the kind outlined in this article. It could offer a non-threatening association initially based on the common ground of shyness shared by both "counselors" and "clients". It could also provide a supportive environment in which effective assertion skill training might be undertaken. In addition, in a shyness clinic one might learn to accept shyness for its special positive virtues as some of our Japanese subjects have.

But people can not ordinarily seek therapy for shyness--it is not an approved "sickness" or "disease." It is only when it becomes intensified and characterized by social isolation, withdrawal, loneliness, and self-loathing that it qualifies as a therapeutically treatable problem. The director of Stanford's student health clinic reported to us that feelings of loneliness represent one of the major complaints among students seeking psychiatric aid--as many as five hundred a year! But what should we treat then, these five hundred "sick" individuals or the social situation common to all of them?

Shyness is a personal, private and often painful experience, but in our view it is a reflection of social influence and cultural programming rather than individual inadequacy. The prevalence of shyness in a family, school, community, ethnic group or nation reveals the extent to which people do not feel accepted, valued and unconditionally loved. Shyness is exaggerated where the cult of ego dominates, where the cultural norms overemphasize competition, individual success

and personal responsibility for failure. Parents as agents of socialization encourage the appearance of shyness in their children by adhering to the traditional values of individual achievement, aspiration and social approval as the primary measures of self-worth.

If, as we have argued, a central dynamic process in shyness is the vigilant monitoring of one's own thoughts, feelings, and actions, and the constant concern for the favorable evaluation of others, the most effective therapy for shyness ought to begin by changing cultural values rather than treating "defective" individuals. This radical therapy would shift the responsibility for shyness away from the subjective world of shy people to the objective reality of their cultural and social situation.

Sounds unrealistic and not pragmatic until we are told that there are no shy children in mainland China. After a recent visit to the People's Republic of China by a delegation of American developmental psychologists, Eleanor Maccoby of Stanford University and Urie Bronfenbrener of Cornell University independently reported to us not remembering having seen a single shy child among the thousands they observed. Yale's William Kessen, chairperson of the delegation, recently described how the Communist ideology and needs of the state have produced a theory of the child as docile, perfectible, and similar to all other children. Across a wide variety of educational and care-taking settings (with children from eight months to eighteen years old), what was observed was "quiet orderliness," the "absence of disruptive, hyperactive, noisy children," intense "concentration on tasks," and "rapt attention to work." And significantly, Kessen goes on to note, "the

docility did not seem to us to be the docility of surrender and apathy; the Chinese children we saw were socially gracious and adept" (1974, p. 43).

It would appear that the Chinese cultural revolution has "sacrificed" the values of student self-definition, individuality, originality and personal success for those of a collective identity, selflessness, service to the state, industry and uniformity. In so doing, they have also eliminated the cultural foundation which makes shyness possible and its development feasible.

Even as we explore various interventions to help the shy overcome their daily difficulties, it might be well to consider how long we should support individual therapies which, even if effective, are remedial. An alternative to this medical model of therapy would be a preventive, public-health approach based on a conceptualization of the social forces that produce individual "sickness." Both the American ego-oriented perspective and the Chinese group-oriented perspective have advantages and disadvantages. But how different would our society be and how less prevalent would shyness be if our school children, like those in China, believed in the slogan "Friendship first, competition second" rather than "I gotta be me" and "I'll go it alone." It could make our projected research on shyness unnecessary since shyness might not exist any longer--and wouldn't that be nice!

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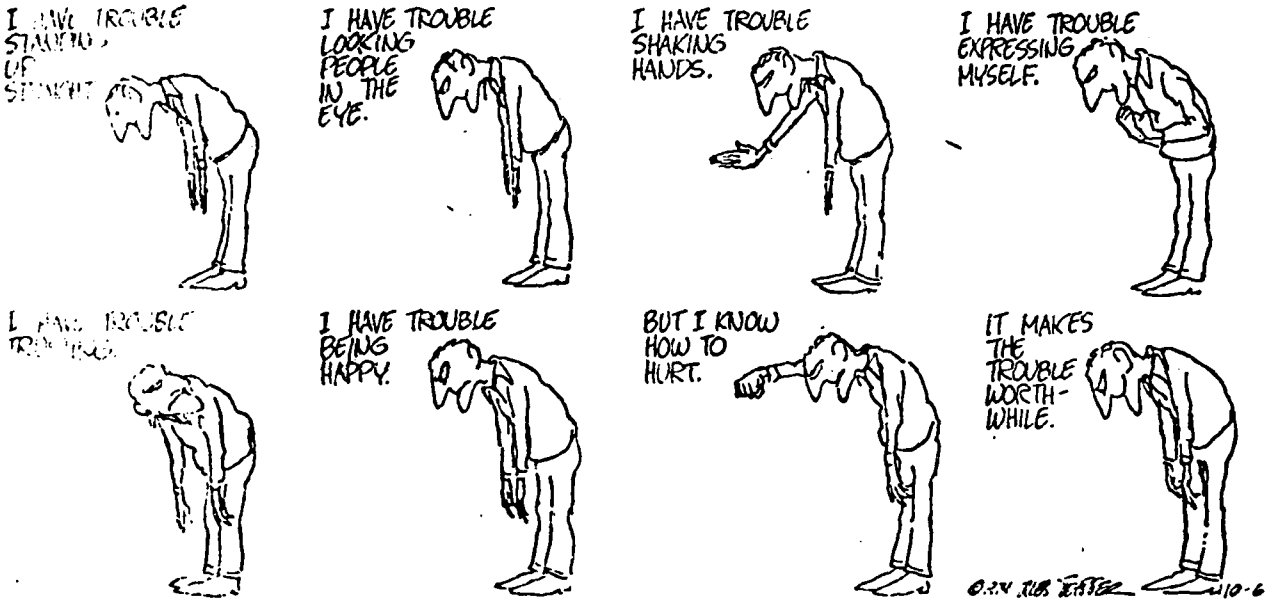
Table

Inventory of Shyness Elicitors and Reactions

Percent of subjects who label themselves shy and report each of the following sources and symptoms of their shyness

Situations	Percentage of shy students
Where I am focus of attention--large group--(as when giving a speech)	72.6%
Large groups	67.6%
Of lower status	56.2%
Social situations in general	55.3%
New situations in general	55.0%
Requiring assertiveness	54.1%
Where I am being evaluated	53.2%
Where I am focus of attention--small group	52.1%
Small social groups	48.5%
One-to-one different sex interactions	48.5%
Of vulnerability (need help)	48.2%
Small task-oriented groups	28.2%
One-to-one same sex interactions	13.8%
Other People	
Strangers	69.7%
Opposite sex group	62.9%
Authorities by virtue of their knowledge	55.3%
Authorities by virtue of their role	39.7%
Same sex groups	33.5%
Relatives	19.7%
Elderly people	12.4%
Friends	10.9%
Children	10.0%
Parents	8.5%

feiffer


I HAVE TROUBLE STANDING UP STRAIGHT.
I HAVE TROUBLE LOOKING PEOPLE IN THE EYE.
I HAVE TROUBLE SHAKING HANDS.
I HAVE TROUBLE EXPRESSING MYSELF.
I HAVE TROUBLE BEING HAPPY.
BUT I KNOW HOW TO HURT.
IT MAKES THE TROUBLE WORTH-WHILE.
10-6